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TECH CENTER 1600/2900

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Application Data Sheet

Application Information

Application number:: 09/724,319
Filing Date:: 11/27/00
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission:: Yes
Computer Readable Form (CRF)?:: No
Number of copies of CRF:: 0
Title:: PREVENTION AND TREATMENT OF
AMYLOIDOGENIC DISEASE
Attorney Docket Number:: 15270J-004743US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 16
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: Yes
Petition Type:: Petition Under 37 CFR 1.136(a)
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dale
Middle Name:: B.
Family Name:: Schenk
Name Suffix::
City of Residence:: Burlingame
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1542 Los Altos Drive
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94010

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation:: Primary	Representative Number:: 37,505	Representative Name:: Joe Liebeschuetz
Representative Designation:: Primary	Representative Number:: 30,223	Representative Name:: William B. Smith
Representative Designation:: Associate	Representative Number:: 42,397	Representative Name:: Rosemarie L. Celli

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/322,289	05/28/99
09/322,289	Continuation-in-part of	09/201,430	11/30/98
09/201,430	Non-Provisional of	60/080,970	04/07/98
09/201,430	Non-Provisional of	60/067,740	12/02/97

Assignee Information

Assignee Name:: Neuralab Limited
Street of mailing address:: 102 St. James Court
City of mailing address:: Flatts, Smiths
State or Province of mailing address::
Country of mailing address:: Bermuda
Postal or Zip Code of mailing address:: FL 04